

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 24 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11743</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Jerry</u> <u>M</u> <u>Miller</u> P.O. Box, Bldg., Room No., if any Street <u>9902 E. 62nd Street</u> City <u>Raytown</u> State <u>Missouri</u> ZIP Code + 4 <u>64133</u>	4. Name, file number, and address of labor organization. Name <u>Painters District Council No. 3 (IUPAT)</u> Labor Organization File Number <u>002437</u> P.O. Box, Building and Room Number, if any Street <u>9902 E. 62nd Street</u> City <u>Raytown</u> State <u>Missouri</u> ZIP Code + 4 <u>64133</u>
5. Position in labor organization. <u>Business Manager/Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>Not Applicable</u> 7.b. Amount. <u>N/A</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Jerry M. Miller
Jerry M. Miller

On

8/9/2005

Date

(816) 358-2440

Telephone Number

Name of Person Filing

Jerry M. Miller

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Arnold, Newbold, Winter & Jackson

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1125 Grand, Ste. 1600

City Kansas City

State Missouri ZIP Code + 4 64106

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council No.3 Pension Health & Welfare, and Apprenticeship Training Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri ZIP Code + 4 64111

11.a. Nature of such dealing.

Funds Attorney

11.b. Approximate dollar value of such dealing.

\$150,000.00

12.a. Nature of interest held or income received.

Gift Card

12.b. Amount.

\$50.00

C. Received from any employer (other than an employer covered under parts A and B above), or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Jerry M. Miller

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wilson-McShane

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri

ZIP Code + 4 64111

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council No. 3 Pension
Health & Welfare, Apprenticeship Training

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri

ZIP Code + 4 64133

11.a. Nature of such dealing.

Funds

Funds Administrator

11.b. Approximate dollar value of such dealing.

\$150,000.00

12.a. Nature of interest held or income received.

Cannister of Cashews/\$24.00

Golf Outing/\$70

12.b. Amount

\$94.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant?

?

14.b. Amount of payment.

Name of Person Filing

Jerry N. Miller

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name United Actuarial Services, Inc.Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11590 North Meridian St., Ste. 610City CarmelState IndianaZIP Code + 4 46032

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council No. 3 Pension and Health & Welfare FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 3100 Broadway, Ste. 805City Kansas CityState MissouriZIP Code + 4 64111

11.a. Nature of such dealing.

Funds Actuary

11.b. Approximate dollar value of such dealing.

\$150,000.00

12.a. Nature of interest held or income received.

Lunch

12.b. Amount.

\$15.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

Jerry M. Miller

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Segal Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 East 9th Street, Suite 1900

City Cleveland

State Ohio

ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council No. 3 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Suite 805

City Kansas City

State Missouri

ZIP Code + 4 64111

11.a. Nature of such dealing.

Funds Advisor

11.b. Approximate dollar value of such dealing.

\$20,000.00

12.a. Nature of interest held or income received.

Lunch

12.b. Amount.

\$15.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant:

?

14.b. Amount of payment.

Name of Person Filing

Jerry N. Miller

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Painters District Council No.3 Pension

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri

ZIP Code + 4

64111

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council No. 3

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri

ZIP Code + 4

64111

11.a. Nature of such dealing.

Served as Trustee

11.b. Approximate dollar value of such dealing.

-0-

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

3.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

Jerry A. Miller

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Painters District Council No. 3 Health & Welfare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri

ZIP Code + 4 64111

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council No. 3 Health & Welfare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri

ZIP Code + 4 64111

11.a. Nature of such dealing.

Welfare

Served as Trustee

11.b. Approximate dollar value of such dealing.

-0-

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment

3.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **I.U.P.A.T. Industry Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1750 New York Ave., NW**City **Washington**State **D.C.**ZIP Code + 4 **20006**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Painters District Council #3**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **9902 E. 62nd Street**City **Raytown**State **Missouri**ZIP Code + 4 **64133**

11.a. Nature of such dealing.

**Business Manager/Secretary-Treasurer of
District Council #3/Participant**

11.b. Approximate dollar value of such dealing.

\$100,000.00

12.a. Nature of interest held or income received.

**2/11/04 \$ 93.68
Dinner-Pension Explanation Meeting****8/15/04 \$107.64
Dinner-Pension Explanation Meeting**

12.b. Amount

\$201.32

Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment

b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

Name of Person Filing

Jerry M. Miller

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Painters District Council No. 3
Apprenticeship Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 105 W. 12th Ave.

City Kansas City

State Missouri ZIP Code + 4 64116

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council No. 3
Apprenticeship Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 105 W. 12th Ave.

City Kansas City

State Missouri ZIP Code + 4 64116

11.a. Nature of such dealing.

Served as Trustee

11.b. Approximate dollar value of such dealing.

-0-

12.a. Nature of interest held or income received.

4 lunches @ \$6.50 each

12.b. Amount.

\$26.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

3.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Jerry M. Miller

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: I.U.P.A.T. Labor-Management Cooperation Initiative

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 1750 New York Ave., NW

City: Washington

State: D.C.

ZIP Code + 4 20006

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: Painters District Council #3

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 9902 E. 62nd Street

City: Raytown

State: Missouri

ZIP Code + 4 64133

11.a. Nature of such dealing.

Business Manager/Secretary-Treasurer of District Council #3/Participant

11.b. Approximate dollar value of such dealing.

100,000.00

12.a. Nature of interest held or income received.

8/16	Dinner - General Conv.	\$127.91
8/18	Dinner - General Conv.	\$ 92.79

12.b. Amount.

\$220.70

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State:

ZIP Code + 4

14.a. Nature of payment.

3.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing **Jerry M. Miller**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **I.U.P.A.T. Joint Apprenticeship Training Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1750 New York Ave., NW**

City **Washington,**

State **D.C.** ZIP Code + 4 **20006**

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Painters District Council #3**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **9902 E. 62nd Street**

City **Raytown**

State **Missouri** ZIP Code + 4 **64133**

11.a. Nature of such dealing.

Business Manager/Secretary-Treasurer of District Council #3/Participant

11.b. Approximate dollar value of such dealing.

100,000.00

12.a. Nature of interest held or income received.

Lodging & Meals - IES \$1,001.07
Graduation Banquet \$ 43.49

12.b. Amount.

\$1,044.56

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

3.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.